4126

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04018

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hurlock
STREET ADDRESS (If rural give location) 09X-2

3. NAME OF DECEASED: (Type or Print) (First) HOPE (Middle) S. (Last) BARBER

4. DATE OF DEATH: (Month) 4 (Day) 26 (Year) 1955

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 4, 1871
9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Massachusetts
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Barber
14. MOTHER'S MAIDEN NAME: Elizabeth Smead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Carolyn M. Barber (Sister) Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Myocardial Infarct
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Coronary Occlusion DUE TO
(C) Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..... , to ..... , 19 ... , that I last saw the deceased alive on ..... , 19 ... , and that death occurred at 8:20 P.M., from the causes and on the date stated above.
SIGNATURE Pathologist C.E. Schmidt M. D. ADDRESS Easton DATE SIGNED May 5, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried
DATE THEREOF 4/29/55
NAME OF CEMETERY OR CREMATORY Washington
LOCATION (City, town or county) Hurlock (State) Md.

DATE REC'D BY LOCAL REGISTRAR 4-27-55
REGISTRAR'S SIGNATURE N.A. Meeries
24. FUNERAL DIRECTOR Leith S. Willoughby ADDRESS East New Market

MARYLAND STATE DEPARTMENT OF HEALTH

4041

2411 N. Charles Street, Baltimore

04019

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot Co — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman — LENGTH OF STAY (in this place) 10 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Bozman Md. — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Jay (Last) Barrett

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 25 1879

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office

10b. KIND OF BUSINESS OR INDUSTRY: Ship Building

11. BIRTHPLACE (State or foreign country): Camden New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jorge Barrett

14. MOTHER'S MAIDEN NAME: Sarah E. McShaffey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-07-5305 A

17. INFORMANT AND ADDRESS: Annette M Barrett Bozman Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420 1

Immediate cause (a) Myocardial Infarction — 4 days 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular — (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-16, 1953, to 4-4, 1955, that I last saw the deceased alive on 4-4, 1955, and that death occurred at 1 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. St Michaels md. 4-5-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4/7/55 — NAME OF CEMETERY OR CREMATORY Bozman Cemetery — LOCATION (City, town, or county) (State) Bozman, Md

DATE REC'D BY LOCAL REG. April 6, 55 — REGISTRAR'S SIGNATURE Mrs Pearl L. Seth — 24. FUNERAL DIRECTOR Hamilton Harrison — ADDRESS St Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

4027

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04981

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 6 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Betty (Middle) Jean (Last) Edwards

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1955

5. SEX: female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Feb 13, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 2 Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Laurence Edwards

14. MOTHER'S MAIDEN NAME: Adelaide Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Laurence Edwards - father - Easton Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

493X

IMMEDIATE CAUSE (A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-30, 1955, to 4-30, 1955, that I last saw the deceased alive on 4-30, 1955, and that death occurred at 11 A.M, from the causes and on the date stated above.

SIGNATURE John L Baughman M. D. ADDRESS 214 Dover St Easton Md DATE SIGNED 5-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 5/2/55 — NAME OF CEMETERY OR CREMATORY Ingleside — LOCATION (City, town, or county) (State) Trappe Md RD

DATE REC'D BY LOCAL REGISTRAR 5-1-55 — REGISTRAR'S SIGNATURE N.H. Neilson

24. FUNERAL DIRECTOR James B. Dashiell — ADDRESS Easton Dover St. Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20025244245

4042

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 04025 (1)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Trappe
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN (Rural) Trappe
STREET ADDRESS (If rural, give location) R.F.D. #2

3. NAME OF DECEASED: (Type or Print) (First) MALACHI (Middle) HORMOND (Last) GREEN

4. DATE OF DEATH (Month) April (Day) 26, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Married	Sept. 20, 1909	45 yrs.	7	6		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Chicken Hatch.	Talbot County, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herman Berry	Emma Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
----- -------	218-20-5579	Sarah E. Green, Trappe, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (420.1)	(a) Coronary occlusion	Unknown
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Louis Rhoten M.D. D.M.E. M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-27-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/29/1955	Trappe Cemetery	Trappe, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4-27-55	N.A. Meeres	Herbert M.St.Clair, Cambridge, Md.

4-28 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04021

CERTIFICATE OF DEATH

Reg. Dist. No. 29D

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton. LENGTH OF STAY (In this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. 40
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Josiah (Middle) W. (Last) Hasbrouck

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1955

5. SEX: M. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: Feb 22. 1870 | 9. AGE last birthday (85) 85 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Mr. Samuel C. Hasbrouck
14. MOTHER'S MAIDEN NAME: Rebecca Davis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Daisy Hasbrouck

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
446X IMMEDIATE CAUSE	(A) Uremia	2 mos.
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Nephrosclerosis	?
	DUE TO (C) arteriosclerosis generalized	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/30, 1947 to 4/19, 1955, that I last saw the deceased alive on 4/19, 1955, and that death occurred at 1 P M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4-22-55 | NAME OF CEMETERY OR CREMATORY York Pa | LOCATION (City, town or county) (State) York Pa

DATE REC'D BY LOCAL REGISTRAR 4-20-55 | REGISTRAR'S SIGNATURE N.H. Nevius | 24. FUNERAL DIRECTOR ADDRESS Easton Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

04022

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4029

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 1 mo. 14 d.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville
STREET ADDRESS (If rural give location) 17 X-2

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) A. (Last) Jewell

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: January 31, 1871

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. James A. Harris

14. MOTHER'S MAIDEN NAME: Eliza Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Ivy M. Jewell Centreville Md (daughter)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.1
IMMEDIATE CAUSE (A) Torunni

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Arteriosclerosis Gangrene of leg Rx 2 mo's.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/23/55, to 4/6/55, that I last saw the deceased alive on 4/6/55, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

SIGNATURE W. M. Palmer M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4-9-55

NAME OF CEMETERY OR CREMATORY Chesterfield

LOCATION (City, town, or county) (State) Centreville Md

DATE REC'D BY LOCAL REGISTRAR 4-7-55

REGISTRAR'S SIGNATURE N. H. Neeres

24. FUNERAL DIRECTOR ADDRESS Baxter Bros. Centreville, Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04023

4230

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 2 hrs. 45 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) Elva (Middle) (Last) Keithley

4. DATE OF DEATH: (Month) 4 (Day) 29 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 1875

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Schoolteacher

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. William J. Keithley

14. MOTHER'S MAIDEN NAME: Deborah Willey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Victor Keithley (Brother) Silviews, Delaware

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hr

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO arteriosclerotic cardiovascular —

(C) Hypertension - essential —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. N

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-20, 1955 to 4-29 1955, that I last saw the deceased alive on 4-29, 1955., and that death occurred at 9:55 P.M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS DATE SIGNED

N. H. Neeres St Michaels Md 4-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF May 2, 1955

NAME OF CEMETERY OR CREMATORY Christ Cemetery

LOCATION (City, town, or county) (State) St. Michaels. Md

DATE REC'D BY LOCAL REGISTRAR 4-30-55

REGISTRAR'S SIGNATURE N. H. Neeres

24. FUNERAL DIRECTOR V. Hampton Harrison

ADDRESS St. Michaels Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4043

04024

CERTIFICATE OF DEATH

Reg. Dist. No. 290...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Cardova
LENGTH OF STAY (in this place) 6 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro 05X-2
STREET ADDRESS (If rural give location) None ✓

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) John (Last) Kemp

4. DATE OF DEATH: (Month) 4 (Day) 10 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 4/27/1869

9. AGE last birthday 85 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farm Tennant

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Kemp

14. MOTHER'S MAIDEN NAME: Liza Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Stella Kemp Greensboro, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4424
IMMEDIATE CAUSE (A) Cardio Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Arteriosclerotic Cardiovascular Disease
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1954, to Apr. 10, 1955, that I last saw the deceased alive on April 9, 1955, and that death occurred at 7:30A M, from the causes and on the date stated above.
SIGNATURE Charles H Shearer M. D. ADDRESS Greensboro Md DATE SIGNED April 12, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/13/55
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REGISTRAR 4/12/55
REGISTRAR'S SIGNATURE N. D. Nevins
24. FUNERAL DIRECTOR J. E. Boulais ADDRESS Greensboro, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04025

4031

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 EASTON
LENGTH OF STAY (in this place) 29 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 14-37-2
STREET ADDRESS (If rural give location) 502 High Street

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) R (Last) Lambert
4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 1955

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: April 24. 1887
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AUTOMOBILE SALESMAN
10B. KIND OF BUSINESS OR INDUSTRY: RETAIL
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George E Lambert
14. MOTHER'S MAIDEN NAME: Temperance Raleigh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 217-09-0407
17. INFORMANT & ADDRESS: HOSPITAL RECORDS Mrs Lydia J. Lambert Wife Chestertown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Myocardial Infarct DUE TO

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Coronary thrombosis DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 1955, to 4/13, 1955, that I last saw the deceased alive on ..., 19..., and that death occurred at 6:25 P.M. from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Easton DATE SIGNED 18 April 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/16/55
NAME OF CEMETERY OR CREMATORY St. Paul Cem
LOCATION (City, town or county) (State) Kent Co. Md

DATE REC'D BY LOCAL REGISTRAR 4-14-55
REGISTRAR'S SIGNATURE T.H. Reeves
24. FUNERAL DIRECTOR J. Wilbur Wells ADDRESS Chestertown Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4744

04026

CERTIFICATE OF DEATH

Reg. Dist. No. 29D

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
LENGTH OF STAY (in this place) 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman
STREET ADDRESS (If rural, give location) Rural.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ida	L.	McElway	Apr.	25	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	Widow	Aug 7 1870	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Bozman Md.	U.S.A.

13. FATHER'S NAME Robert J. McElway — 14. MOTHER'S MAIDEN NAME James

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	no	None	Mrs D. Edward Harrison, Trappe Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Cardio vascular disease	3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	10 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar. 4th, 1955, to Apr. 25, 1955, that I last saw the deceased alive on Apr. 20th 55, and that death occurred at 5 30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William S. Seymour	M.D	Trappe, Md.	Apr 25 55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	April 28, 1955	Bozman Cemetery	Bozman	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-26-55	N. H. Neeres	J. Hamilton Harrison	St. Michaels Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4045 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04027

CERTIFICATE OF DEATH

Reg. Dist. No. 291

Item 8, Film G180 4-27-55 at

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bellevue
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bellevue
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) LILLIE (Middle) ARDELIA (Last) MILBOURNE

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: October 27, 1887

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months 5 Days 5 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Food Packing

11. BIRTHPLACE (State or foreign country): Somerset County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Levin Lewis

14. MOTHER'S MAIDEN NAME: Annie Crosby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ------ (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO. 217-01-1185

17. INFORMANT & ADDRESS: Eunice Johnson, Bellevue, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Coronary Hemorrhage (Heart Attack) DUE TO — 6 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Generalized Arteriosclerosis DUE TO — yrs.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1955, to 4-2, 1955, that I last saw the deceased alive on 4-1, 1955, and that death occurred at 12 M, from the causes and on the date stated above.

SIGNATURE M. D. W. Buell ADDRESS Conton Md DATE SIGNED 4-4-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 4/6/1955

NAME OF CEMETERY OR CREMATORY: Easton Cemetery

LOCATION (City, town, or county) (State): Easton, Maryland

DATE REC'D BY LOCAL REGISTRAR: Apr 4 55

REGISTRAR'S SIGNATURE: Mr Robert R Seck

24. FUNERAL DIRECTOR ADDRESS: Herbert M.St.Clair,Jr.,Cambridge,Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

4032

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04028

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 3 months
40
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital
80

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) Arkine (Middle) (Last) Millikan

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: Feb 4 1880
9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cedric James
14. MOTHER'S MAIDEN NAME: Mary McCleary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Milton Addie - Lawyer

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Cerebral Thrombosis — 4 mos.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arterio Sclerotic Heart disease DUE TO — years
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10-, 1955, to 4-16-, 1955, that I last saw the deceased alive on 4-16-, 1955, and that death occurred at 9 10 A M, from the causes and on the date stated above.
SIGNATURE Donald F. Bartley M. D.
ADDRESS Easton Md.
DATE SIGNED 4-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 4-17-55
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Bladensburg Md
DATE REC'D BY LOCAL REGISTRAR 4-17-55
REGISTRAR'S SIGNATURE N.A. Norris
24. FUNERAL DIRECTOR Black
ADDRESS Easton Md

4033

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04030

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro
STREET ADDRESS (If rural give location) 05X-2

3. NAME OF DECEASED: (Type or Print) (First) Julian (Middle) (Last) Reese

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: July 16 1885
9. AGE last birthday 69 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Thomas A. Reese
14. MOTHER'S MAIDEN NAME: Julia Wordal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs H. L. Nashold (friend) Greensboro Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Myocardial Infarction — 3/30/55

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Heart Disease — ?
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30/55 to 4/14/55 that I last saw the deceased alive on 4/13/55, and that death occurred at 11:55 AM, from the causes and on the date stated above.

SIGNATURE B Cof M. D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/17/55
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REGISTRAR 4-16-55
REGISTRAR'S SIGNATURE N. H. Merrick
24. FUNERAL DIRECTOR J. E. Borelais
ADDRESS Greensboro, Md.

4034 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04029

CERTIFICATE OF DEATH

See Birth Cert. for age

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20452723 85

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 28 hours
80 HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillsboro Md 05x-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Rodney (Middle) Douglas (Last) Rathell
4. DATE OF DEATH: (Month) 4 (Day) 23 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: 4-22, 1955
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 5 Min. 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Newborn
11. BIRTHPLACE (State or foreign country): maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. Charles Rathell, Jr.
14. MOTHER'S MAIDEN NAME: Connie Merrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Constance Rathell, Hillsboro, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

759.3
IMMEDIATE CAUSE (A) Congenital Peritonitis
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Atresia of Ileum.
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..., to ..... , 19..., that I last saw the deceased alive on ..... , 19..., and that death occurred at 8:25 M, from the causes and on the date stated above.

SIGNATURE Kent Leckers M. D. ADDRESS Easton DATE SIGNED 4/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Apr. 24/1955
NAME OF CEMETERY OR CREMATORY Greenmount Cemetery
LOCATION (City, town, or county) (State) Hillsboro, Maryland

DATE REC'D BY LOCAL REGISTRAR 4-24-55
REGISTRAR'S SIGNATURE N. A. Nevins
24. FUNERAL DIRECTOR W. Frampton Carroll ADDRESS Easton, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4035 04031

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville
STREET ADDRESS (If rural give location) 17 X 2

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) (Last) Schell

4. DATE OF DEATH: (Month) 4 (Day) 2 (Year) 1955

5. SEX: F

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: Jan. 8 1891

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Frederick Bergida

14. MOTHER'S MAIDEN NAME: Wilhemena Staffen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr Herman Schell (Aunt) Stevensville Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Pulmonary congestion	
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Myocardial infarction DUE TO	4 days
	(C) Arteriosclerotic coronary thrombosis	4 days.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30, 1955, to 4/2, 1955, that I last saw the deceased alive on 4/2, 1955, and that death occurred at 10 20 PM, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Easton Maryland DATE SIGNED 4/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF April 6 | NAME OF CEMETERY OR CREMATORY Stevensville | LOCATION (City, town, or county) Stevensville (State) Md

DATE REC'D BY LOCAL REGISTRAR 4-4-55 | REGISTRAR'S SIGNATURE M. A. Meeres

24. FUNERAL DIRECTOR Edgar L Lane ADDRESS Church Hill

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04032

4946

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Talbot — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Oxford
LENGTH OF STAY (in this place): 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: (0)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Oxford X
STREET ADDRESS (If rural give location): 1

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) E. (Last) Simpson

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 5, 1868

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South ~~Dakota~~ Bend, Ind.

12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME: Joseph Seacrist

14. MOTHER'S MAIDEN NAME: Mary Buys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Dr. E. E. Simpson, Afford Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
IMMEDIATE CAUSE (A) Arteriosclerosis, generalized

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 19 55 to 4/27, 19 55 that I last saw the deceased alive on 4/26, 19 55, and that death occurred at 2:30 A M, from the causes and on the date stated above.

SIGNATURE M. D. — ADDRESS Easton Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial — DATE THEREOF: 4-29-55 — NAME OF CEMETERY OR CREMATORY: Oxford Cemetery — LOCATION (City, town, or county) (State): Oxford, Talbot, Maryland

DATE REC'D BY LOCAL REGISTRAR: 4-28-55 — REGISTRAR'S SIGNATURE: M. H. Meese

24. FUNERAL DIRECTOR: Maurice E. Newnam & Son — ADDRESS: Easton, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4^47

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04033

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton - Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home Easton Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Caroline (Middle) (Last) Skinner

4. DATE OF DEATH: (Month) Apr. (Day) 2 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: about Month 10 1852

9. AGE last birthday about 103 yrs. IF UNDER 1 YEAR Months 1 Days 8 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Easton Maryland

12. CITIZEN OF WHAT COUNTRY? U-S.A.

13. FATHER'S NAME: Coursey Gibbs

14. MOTHER'S MAIDEN NAME: Nancy Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Nancy Wilson, Easton Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis Generalized — 5 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31, 1955 to 4/2, 1955, that I last saw the deceased alive on 4/2, 1955, and that death occurred at 4P M, from the causes and on the date stated above.

SIGNATURE Frank E. Moore M.D. ADDRESS M.D. 18 W Dover St Easton Md DATE SIGNED 4/4 1955 Md

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Apr. 5, 1955 — NAME OF CEMETERY OR CREMATORY Richards Cemetery — LOCATION (City, town, or county) (State) Easton, Md.

DATE REC'D BY LOCAL REGISTRAR 4-4-55 — REGISTRAR'S SIGNATURE W.S.T. Meeres

24. FUNERAL DIRECTOR John D. Williams — ADDRESS Easton Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04034

4048

CERTIFICATE OF DEATH

Reg. Dist. No. 241

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Talyhman
LENGTH OF STAY (in this place) 14 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Talyhman X
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Smith

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): child

8. DATE OF BIRTH: April 27, 1955

9. AGE last birthday: 14 hours

IF UNDER 1 YEAR: Months — Days 14

IF UNDER 24 HRS.: Hours 14 Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Palmer

14. MOTHER'S MAIDEN NAME: Sarah Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Estelle Spade, Talyhman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Prematurity

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 14 hrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-27, 1955, to 4-27, 1955, that I last saw the deceased alive on 4-27, 1955, and that death occurred at 5:30 p m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Thomas Lucke M.D. St Michaels Md. 4-28-55

23. ~~BURIAL~~, CREMATION ~~REMOVAL~~ (Specify): DATE THEREOF 4-28-55 NAME OF CEMETERY OR CREMATORY Mem. Hospital LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REG. May 3, 55

REGISTRAR'S SIGNATURE Mrs Ralph L. Seck

24. FUNERAL DIRECTOR ADDRESS Cordrey & Moore Talyhman Md.

4045377242

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Co 4035

4049

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Rural Royal Oak
LENGTH OF STAY (in this place) 7yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Royal Oak
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Edward (Last) Taylor Jr.

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1955

5. SEX: M. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: April 7 1895

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman.

10B. KIND OF BUSINESS OR INDUSTRY: Mens Clothing Store

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Edward Taylor, Sr.

14. MOTHER'S MAIDEN NAME: Mary Adair Rudolph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 214-22-7919

17. INFORMANT & ADDRESS: Mrs. Mabel Krauss Taylor, Royal Oak

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180 IMMEDIATE CAUSE (A) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Renal cell carcinoma — 1 yr ?

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1/14/55

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of kidney & metastases

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1948, to 4/2/ 1955, that I last saw the deceased alive on 3/30/ 1955, and that death occurred at 3 P. M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF April 5, 55 | NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery | LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR 4-4-55 | REGISTRAR'S SIGNATURE M. A. Norris | 24. FUNERAL DIRECTOR | ADDRESS Easton Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4036 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04036

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 05 hrs 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
STREET ADDRESS (If rural give location) Greenwood Avenue

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) (Last) Thomas

4. DATE OF DEATH: (Month) 4 (Day) 24 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: B.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Apr 10, 1913

9. AGE last birthday 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HW

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Foster

14. MOTHER'S MAIDEN NAME: Lizzie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Summerville Thomas Husb Easton Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSE (S) DUE TO (B) Coronary Heart Disease — 7 Months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

420.1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) Talbot (State) Md

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1954, to 4-24, 1955, that I last saw the deceased alive on 4-23, 1954, and that death occurred at 4:40 A M, from the causes and on the date stated above.

SIGNATURE AND ADDRESS M.D. Frank E Moore 18 W Dover St Easton Md. DATE SIGNED 4/25/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF 4-27-55

NAME OF CEMETERY OR CREMATORY Richardt

LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REGISTRAR 4/27/55

REGISTRAR'S SIGNATURE N. H. Nevins

24. FUNERAL DIRECTOR ADDRESS James B Bartnell Easton Md.

04037

4050

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; CITY OR TOWN Wittman; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY OR TOWN Wittman; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Lydia (Middle) V. (Last) Tyler

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Aug 14, 1864

9. AGE last birthday: 90 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Nearth Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Jarrimore

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Bridges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs Estella Harrison Wittman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 1 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to March, 1955 that I last saw the deceased alive on March 5, 1955, and that death occurred at 2 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm M Reed MD — ADDRESS: Tilghman Md — DATE SIGNED: 4/10/55

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: April 10 1955 — NAME OF CEMETERY OR CREMATORY: Tilghman Cemetery — LOCATION (City, town, or county) (State): Tilghman Md

DATE REC'D BY LOCAL REG.: April. 10-55 — REGISTRAR'S SIGNATURE: Mrs Robert R. Bell — 24. FUNERAL DIRECTOR: S. Hamilton Harrison — ADDRESS: St. Michaels Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04038

4937

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton, Md.
LENGTH OF STAY (in this place) 96 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels, Md.
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) Hattie (Middle) G. (Last) Wallace

4. DATE OF DEATH: (Month) 4 (Day) 2 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Aug 12, 1885

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Domestic

10B. KIND OF BUSINESS OR INDUSTRY: Laborer & Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Levy Truss

14. MOTHER'S MAIDEN NAME: (n) Catherine Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-05-5034

17. INFORMANT & ADDRESS: Argyle Green (Estes) St Michaels Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

955X IMMEDIATE CAUSE (A) Therapeutic misadventure

ANTECEDENT CAUSE (S): DUE TO (B) Pulmonary atelectasis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. ~~DUE TO~~ (C) Myocardial fibrosis & insufficiency

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/29 1955, to 4/2, 1955, that I last saw the deceased alive on 4/2/55, and that death occurred at 12:30 P M, from the causes and on the date stated above.

SIGNATURE Louis Shultz M.D. DMD M. D. ADDRESS Easton Md DATE SIGNED 4-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 4/6/1955 NAME OF CEMETERY OR CREMATORY St. Michaels LOCATION (City, town, or county) St. Michaels (State) Md

DATE REC'D BY LOCAL REGISTRAR 4-3-55 REGISTRAR'S SIGNATURE M.D. Merris

24. FUNERAL DIRECTOR Edward Williams ADDRESS Easton Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04039

Items 7,11,13,14 FilmG180 4-28-55 et

4038

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stevensville
STREET ADDRESS (If rural give location) 17X-2

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) (Last) Wallace

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1955

5. SEX: male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced

8. DATE OF BIRTH:

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Queenstown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: (Elisabeth Wallace) Lizzie Meredith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records - Easton Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE (A) Cerebral Infarction

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cerebral Thrombosis

DUE TO (C) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8/55 10 to 4/20, 1955, that I last saw the deceased alive on 4/20/55, 19, and that death occurred at 1:35 P.M. from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Easton DATE SIGNED 4/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal DATE THEREOF 4/20/55 NAME OF CEMETERY OR CREMATORY Annapolis LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/20/55 REGISTRAR'S SIGNATURE N. D. Reeves

24. FUNERAL DIRECTOR J. B. Johnson Jr. ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

4039

04040

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

Item 9, Film G181 5-23-55 et

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (In this place) D.O.A.; HOSPITAL OR ~~INSTITUTION OR~~ ~~STREET ADDRESS~~ Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg, R.F.D. 2; STREET ADDRESS (If rural, give location) Hurt Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	R.	Webb	April	15	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	White		Nov. 18, 1891	63 6/12 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Practical Nurse		Maryland	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Columbus Ross	Sarah Wollen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	[redacted]	George L. Webb - Federalsburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Myocardial Fibrosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary insufficiency	
(260X)	(c) Advanced Arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lawson T. George M.D.	Deputy Medical Examiner	Denton, Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	April 18, 1955	Vienna Cemetery	Vienna, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-16-55	M. H. Nevins	Harvey W. Wimmer	Federalsburg, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04041

4040

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 1 hr 45 Min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgely 05X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Floyd (Last) White Jr.

4. DATE OF DEATH: (Month) Apr. (Day) 7 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 19, 1890

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Floyd White Sr.

14. MOTHER'S MAIDEN NAME: Matilda Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Maude B. White (wife) Ridgely, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-20-1

IMMEDIATE CAUSE (A) Myocardial infarction due to — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic coronary

DUE TO (C) Coronary

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/7, 1955, to April, 1955, that I last saw the deceased alive on April, 1955, and that death occurred at 12:55 P M, from the causes and on the date stated above.

SIGNATURE Henry Lee Harrison M. D. ADDRESS Easton Maryland DATE SIGNED 11 Apr 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4/11/55

NAME OF CEMETERY OR CREMATORY Greensboro

LOCATION (City, town, or county) (State) Greensboro Md.

DATE REC'D BY LOCAL REGISTRAR 4-8-55

REGISTRAR'S SIGNATURE M.A. Norris

24. FUNERAL DIRECTOR J E. Boulais ADDRESS Greensboro, Md.